	•						٠					
						,	Application or Docket Number					
	.PATÈNT	PPLICATIO Effect	N FEE DI			ON RECO	RD	/	0-4	Ġ	1816	,
CLAIMS AS FILED - PART I SMAI							LENTITY OTHER THAI					
TOTAL CLAIMS								RATE	FEE		RATE.	FEE
			NUMBER FILED		NUMBER EXTRA		В	BASIC FEE 385		OR	BASIC FEE	770.00
FOR						-	XS 9=			X\$18=		
TOTAL CHARGEABLE CLAIMS			mir	nus 20= '			X5 9=		OR	· · · · · ·	·	
INDEPENDENT CLAIMS				inus 3 =	ius 3 =		_	X43=		OR	X86=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					-145=		OR	(290=	
 + {	* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	•	OR	TOTAL		
CLAIMS AS AMENDED - PART II							•	SMALL E	NTITY	OR	OTHER SMALL	The state of the s
AMENDMENT A	·	(Column 1) CLAIMS REMAINING AFTER		(Colui Faigh NUM PREVIO PAIR	∰SI BER DUSLY	Column 3:	1 [RATE	ADD! TIONAL FEE		НАТЕ	ADDI TIONAL FEE
	Total	AMENOMENT	Minus		Õ	<u>-</u>		X\$ 9=		OR	XS181	
MEN	Independent	. 3	Minus	-11	3	=	1	×43:		OR	X86=	
Þ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN'	T CLAIM			+145=		OR	+290=	
		•	•				L	TOTAL		OR	TOTAL ADDIT: FEE	
		(Column 1)		(Colu	mii 2)	(Column 3	_					·
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN	HEST BER OUSU: FOR	PRESEUT ENTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Micros					X5 30		OR	XS18=	
	Inaependeni		Minus	•••		=		X43=		OR	X86=	
ব	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							†	1	200	1	

1	•	(Column 1)		(Column 2)	(Column 3)					
MENT C	\ .	CLAIMS REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
110	Total		Minus		=					
AMEND	Independent	•	Minus) ***	=					
র্ব	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									

ADDI-AUDI-TIONAL RATE TIONAL RATE FEE FEE X\$18= X\$ 9= OR X86= X43= OR +290= +145= OR TOTAL OR ADDIT. FEE

OB

TOTAL

ADDIT FEE

, 290...

OR ADDIT FEE

TOTAL

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective OCUOTOR1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I					10/00/1010					
		D - PART (IMN 1)	(Column 2)	SMAL	L ENTITY		OTHE	R THAN		
TOTAL CLAIMS				RAT	E FEE	TOR	RATE	ENTITY		
		NUMBER FILED NUMBER			FEE \$385	OB		FEE 377C		
TOTAL CHARGEABLE (CLAIMS	minus 20=			}-	OR		1110		
INDEPENDENT CLAIMS		minus 3 =)=	7	X86=	 		
MULTIPLE DEPENDENT	CLAIM PRESENT	PRESENT				OR		 		
* If the difference in column 1 is less than zero, enter "0" in column 2)=	OR		 -		
I. IAU	S AS AMEND			TOTA	رد ل <u>. </u>	JOR	TOTAL	THAN		
A Coli	umn f)	(Column	1.2): (Column	3) SMAI	LL ENTITY	OR	SMALL			
AR MEMA	AINING TER DMENT	NUMBE PREVIOU PAID FO	R PRESEN	PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Total . (Minus Minus	- Ol) =	x\$q		OR	×\$(8=			
FIRST PRESENTATIO		EPENDENT C	LAIM 🗆	.X(3-		OR	126=			
Slioloy				- H45:	. /	OR	1 080=			
				TOTA ADDIT. FE		OR A	TOTAL DOIT, FEE			
(Colu	mn 1) IMS	(Column		3)		_				
REMA AFT AMEND Total Independent 2	ER .	NUMBER PREVIOUS PAID FOI	R PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Total / / /	Minus	20	=	X19		OR	x\$/8=			
FIRST PRESENTATION	OF MULTIPLE DE	PENDENT CY) =	X43=		OR	×86=			
			AIM []	+145=		OR	+290=			
•			. •	TOTA			TOTAL	 -		
(Colum		(Column 2	2) (Column 3	ADDIT. FE	= 	AI	DDIT: FEE			
CLAIN REMAIN AFTE AMENDA	IING R	HIGHEST NUMBER PREVIOUSI PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Total	Minus	**	=	x\$9=		OR	X\$(8=			
Independent * FIRST PRESENTATION	Minus OF MULTIPLE DE	PENDENT CL	=	×43=		- H	×86			
				1 + 45=		*`` 				
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."					 -	ــا	TOTAL			
The Highest Number Previous	usiv Paid For" IN THE	C CDACE in Inna	. 1h	70011. 1 LL		~0	DIT. FEE L in 1.			